

RECEIVED

PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION
(Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURY)
PIERCE COUNTY ROAD OPERATIONS

MAR 30 2009

Department		Your Department's Risk Management BARS Code:	
ROADS - PUBLIC WORKS		150.100.10200.5420.46.0030	
Employee Completing Report	Employee Name WILLIAM FLANDERS		
	Division/Section, Etc. ROADS PCMF		
	Work Address 4812 196 th SPRINGWAY 253-798-6000		
Person Injured/Involved in the Accident or Incident	Name WILLIAM FLANDERS		Age 48
	Home Address 19040 SE 408 th ST ENUMCLAW		Home Phone 360-825-6742
	Occupation HEO		
	Employed By: PIERCE COUNTY		Work Phone 253-798-6000
	What was the involved person doing at the time of accident or incident? OPERATING BACKHOE		
	Date 3-20-09		
Time 2:50		A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>	
Location WEST TAPPS			
The Injury	Nature and extent of injury		
	Where was injured taken after accident? X		Name of Doctor
	Why was injured on premises?		
Property Damage or Theft of Property	Owner's Name PSE		Home Phone
	Address		
	List damage: GAS LINE DAMAGED		
	Police Case #:		
Description of Accident, Incident or Unsafe Condition	(Attach additional sheets if necessary.)		
	HIT GAS LINE WHILE CLEANING DITCH LINE WAS TOO SHALLOW, ONLY FEW INCHES DEEP		
	Locates Required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Locate #:		
Describe 1st Aid:		PARKS - Did person resume skating? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Witnesses	Name	Address	Wk Phone Hm Phone
	Name	Address	Wk Phone Hm Phone
	Date, location and badge # or name of police authority to whom incident was reported:		
Date 3-25-09	Signature of Employee William Flanders		Signature of Department or Agency Head

Return completed form to:

PIERCE COUNTY RISK MANAGEMENT
955 Tacoma Avenue South, Suite 303
Tacoma, WA 98402





